

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 10/012,417	Filing Date			
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2	X						52			
3							53			
4							54			
5							55			
6	X						56			
7							57			
8							58			
9	/						59			
10	/						60			
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14	/						64			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	b						Total Depend			
Total Claims	9						Total Claims			